

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

Min No 0025896

Date In: 22/12-5:42	Job description	Date & Time Completed	Done by
Ref No: NA 10612002249/24	SAS e-filing		
Veh No: FBL90892	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 22/12-14:50	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Jm 8225C	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: ([Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 2001642	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors Comments:-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
Dat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	27/02/2020 15:47
Date Of Accident	23/02/2020 19:50
Exact Location Of Accident	AYE TWDS NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9089Z
Insured/Policyholder	
Name Of Registered Owner	SULTHANUL ARIB S/O HAJANAJUBUDEEN
NRIC No	SXXXX861J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91079546
Alternative Phone No	OFFICE-91079546

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR RS 200
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-500508-WTT
Cover Note Number	

Driver

Name of Driver	SULTHANUL ARIB S/O HAJANAJUBUDEEN
NRIC No	SXXXX861J
Date Of Birth	23/02/1980
Occupation	INDOOR
Date Of Driving Pass	18/08/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91079546
Fax Number	
Contact Number	OFFICE-91079546
Email Address	NOEMAIL

Address	BLK 535 CHOA CHU KANG STREET 51 #14-106
Postcode	680535
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200227/7018.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP8225C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SULTHANUL ARIB S/O HAJANAJUBUDEEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL9089Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[illegible]

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Date of Accident : 23/02/2020 Accident Time: 1950 (24-HR-Format)
Accident Place : AYE Exit to North Buona Vista Rd
Vehicle Reg. No. (Car Plate No.) : FBL 9089 Z
Vehicle Make/Model : Pulsar RS 200
Insurance Company : MSIG Policy No. MSD/VMS/19-500508-W77
Owner or Company Name /IC No. : SULTHANUL ARIZ S/O HAJANAJUBUDEEN S8070861J
Owner or Company Contact No. : 91079546 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : '
DRIVER'S Date Of Birth : 23/02/1980 DRIVER'S License Pass Date 26/05/2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 535 CHUA CHU KANG ST 51 #14-106 S(680535)
DRIVER'S Contact No / Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ARIZBANDARIZB@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01 → 2 days MC
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>SMP 8225 C</u>	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____



SINGAPORE POLICE FORCE



T/20200227/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200227/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/02/2020 14:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SULTHANUL ARIB S/O HAJANAJUBUDEEN			Address: APT BLK 535 CHOA CHU KANG STREET 51 #14-106 SINGAPORE 680535		
ID Type / ID No.: NRIC NO / S8070861J			Contact No.: Home/Office: Mobile: 91079546		
Nationality: SINGAPORE CITIZEN			Email: aribandarib@gmail.com		
Sex: Male	Age: 40	Date of Birth: 23/02/1980	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SECURITY			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/02/2020 19:50	Type of Location: Bend
Location: NORTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9089Z	Motorcycle	BAJAJ CHETAK	PULSAR RS 200	Blue	Slightly Damaged	0
SMP8225C	Car	TOYOTA	COROLLA			1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9089Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60854660	28/04/2019	27/04/2020



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200227/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SULTHANUL ARIB S/O HAJANAJUBUDEEN	ID No.	S8070861J
Related Vehicle	FBL9089Z (Motorcycle)	Contact No.	91079546
Hospital/Clinic	FRONTIER MEDICAL ASSOCIATES	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/02/2020	Date Discharge	24/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the stated time and date,
I was riding my motorcycle (Veh A: FBL9089Z) on North Buona Vista Road as I just exited from AYE. I was riding on lane 2 and there was a car (Veh B: SMP8225G) on lane 1. While we are turning the bend, Veh B cut onto my lane abruptly (from lane 1 to lane 2) and collided onto the right portion of my bike causing me to skid, thus throwing me off my bike. Veh B driver stopped a distance ahead but did not alight the car until a pass-by car told him to do so. He came towards me and asked if I am alright and apologized for colliding onto me. He helped me to shift my motorbike as it was blocking the traffic. As I was injured, I called for 999 for the police who arranged for the TP and ambulance. Veh B driver then asked me if we could settle privately as he is a young driver and did not wish to affect his insurance premium next year. Out of kindness, I agreed, bear the pain and refused to be conveyed to hospital by the ambulance as I do not want trouble for Veh B driver. I went home instead of going to work as the pain was bad.

The next day 24/02/2020, we agreed to meet at his preferred workshop. The workshop guy suggested it was better to go by insurance claims as my motorbike was badly damaged and I was injured. However, Veh B driver insisted on private settlement. His attitude was bad, arrogant and unapologetic unlike yesterday. Nevertheless, I still agreed that I am willing to settle privately with all my motorcycle damaged due to the accident rectified, \$80 for my damaged helmet and \$120 for my lost of income yesterday. Veh B driver agreed with my terms and said his father will liaise with me.

The following day 25/02/2020, Veh B driver's father called me and requested me to meet at another workshop. I was few minutes late and he said that I was wasting his time. He attitude was also very bad and arrogant. He brought a cheap \$30 Helmet for me and told me to put my bike for repair and wait for his call to collect my motorcycle.

He called me on 26/02/2020 and said that we will meet on 27/02/2020 for my motorbike collection.

On the 27/02/2020 I went down to the workshop expecting to collect my motorcycle in full repair condition. However, I was shocked to realized that my exhaust pipe and right foot brake was not repaired at all. Thus, I reminded Veh B's father on the initial agreement for private settlement. Veh B's father then said that I should not be fussy as he is already willing to pay for most of the damages and I should accept the motorcycle back. He also refused to pay me the \$120 as agreed and an additional \$96 for my medical fees. He challenged me saying that there are no such law that he should pay all these compensation. I did not know what to do, took my motorbike and left the workshop.



**SINGAPORE
POLICE FORCE**



T/20200227/7018

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200227/7018

CONTINUATION OF REPORT

I felt cheated as he did not keep to his words. I was already being lenient to agree on the private settlement.

I consulted my workshop and they advised me that I am not able to do a counter claim for my motorbike anymore as it was not taken for insurance survey before the bike is repaired. Thus, now I am stuck with a damaged exhaust pipe and right foot brake. However, as the driver is not willing to compensate me for my medical and lost of income, I will be submitting an injury claim towards him.



**SINGAPORE
POLICE FORCE**



T/20200227/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200227/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/02/2020 14:02

Classification Of Case:

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 08/05/2019

AGENCY: A0633-001-W0881
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMS/19-500508-WTT

INSURED:

NAME: SULTHANUL ARIB S/O HAJANAJUBUDEEN
ADDRESS: BLK 535 CHOA CHU KNAG ST 51
#14-106
S680535

NRIC NO: S8070861J
DATE OF BIRTH: 23/02/1980 (39 yrs)
DRIVING EXP: 18/08/2015 (3 yrs)
CONTACT NO: 65240518
91079546

BUSINESS OR PROFESSION: SECURITY OFFICER

PERIOD OF INSURANCE FROM: 28/04/2019 TO 27/04/2020
00:01AM

REGISTRATION NUMBER: FBL9089Z

CUBIC CAPACITY: 200

MAKE OF VEHICLE: BAJAJ PULSAR

YEAR OF REGISTRATION: 2017

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED
HAKIM SHA ONLY.

NRIC: S81710441 DOB: 30/05/1981 EXP: 14/09/2006 OCCP: HAWKER

ENDORSEMENTS APPLICABLE: 2K 15 2C 3Q PA 94 INSURED MEMO MCFM

EXCESS: \$300(FIRE&THEFT) \$600(ENDT 2K)

PREMIUM: 187.00

GST @ 7% 13.09

TOTAL: 200.09

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: GP MOTORING PTE LTD (33.00)

NO CLAIM BONUS OF 15% IS ALLOWED

REPLACING POLICY NO: MSD/VMS/18-991525-WTT

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers